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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	8	Attorney Docket Number	61022.00001
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Return Postcard	<input type="checkbox"/> PTO SB/08a	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> PTO SB/08b	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment After Final	<input type="checkbox"/> Issue Fee Transmittal (PTO-85b)	<input type="checkbox"/> Status Request
<input type="checkbox"/> Declaration of Inventor(s)	<input type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address	<input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose.
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Request for Continued Examination	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Affidavit	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way, Palo Alto, CA 94304-1043		
Signature			
Printed Name	Aaron Wininger		
Date	November 23, 2005	Reg. No.	45,229

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Ines Francetic	Date	November 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT
Attorney Docket No. 61022.00001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Matthew McQUAID

Serial No.: 10/602,036

Examiner: Charles Alan MARMOR II

Filed: June 23, 2003

Art Unit: 3736

For: BIOLOGICAL FLUID COLLECTION ACCESSORY DEVICE

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action dated August 25, 2005, please amend the above-identified application as follows and consider the following Remarks.